

RENEWAL APPLICATION FOR EMPLOYMENT AGENCY LICENSE AND DETERMINATION OF APPLICABILITY OF THE TEMPORARY WORKERS RIGHT TO KNOW LAW

The Employment, Placement, and Staffing Agencies Program within the Massachusetts Department of Labor Standards (DLS) licenses employment agencies and registers placement agencies in accordance with M.G.L. c. 140, §§ 46A-46R and 454 CMR 24.00. Depending upon the nature of your business and the manner in which you place, find, recruit, refer, or assign workers to jobs, employment, interviews, or assignments, your agency will either require a license or registration. Said license or registration must be renewed annually. In addition, the Temporary Workers Right to Know Law ("TWRKL") at M.G.L. c. 149, §159C, contains obligations and prohibitions which apply to "staffing agencies" as defined by the law. Depending on the nature of your business, the TWRKL may apply to your business.

SECTION I

Agency license number: _____

Agency license expiration date: _____

Agency name

Parent or affiliate company name (if applicable)

Street address Building/suite number

City / Town State Zip code

Telephone number Fax number

E-mail address Website

Agency mailing address (if different)

Federal tax identification number _____ This agency is a: ☐ Sole proprietorship
☐ Partnership, LP, or LLP
☐ Corporation or LLC

SECTION II

1. Has your agency president, treasurer or manager changed within the past year? ☐ YES ☐ NO

If YES, provide name(s) and mailing address(es) on business letterhead; remit with application.

2. Has any of your corporate information changed within the past year? ☐ YES ☐ NO

If YES, sole proprietorships, partnerships, or LPs must remit a copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency is located. Corporations, LLPs, or LLCs must remit a current Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office. These documents must be attached to your renewal application. Contact information for the Secretary of the Commonwealth's Office: www.sec.state.ma.us/cor/coridx.htm

3. How many placement counselors does your agency utilize? ☐ 1 - 4 ☐ 5 or more

A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required annual application fee: \$300 if the location has 1 to 5 counselors; \$550 if the location has 5 or more placement counselors.

4. Does your agency have multiple locations? ☐ YES ☐ NO
- IF YES** is each office duly licensed? ☐ YES ☐ NO

List the cities/towns of the other locations: _____

5. Is the agency party to any criminal or civil cases involving past or present applicants, workers, or clients? **IF YES**, attach information, court documents, or final disposition from the court to your renewal application and remit as part of your renewal package to DLS. ☐ YES ☐ NO
6. List all types of placement occupations / jobs / engagements to which your agency provides or refers workers:

	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary

7. Does your business procure or provide temporary or part time employment to any individual(s) who will then work under the supervision or direction of a work site employer? ☐ YES ☐ NO

If the answer to #7 is YES, then your business is a staffing agency under M.G.L. c. 149, §159C and 454 CMR 24.00 and the TWRKL applies to your business. Please continue to question 8.

8. Does your business charge fees to job applicants or workers for procuring or attempting to procure, permanent or temporary employment or engagements? ☐ YES ☐ NO
9. Does your business provide domestic employees, that is, any worker who is paid directly by a household, family, or individual to perform work of a domestic nature, including, but not limited to, housekeeping, home management, nanny services, child monitoring, caretaking, laundering, cooking, home companion services, house sitting, and butler services for members of households or their guests in or about private homes. ☐ YES ☐ NO

*NOTE: The term "domestic employee" does **NOT** include a person who performs services of a domestic nature as an employee of the business that places him. The term "domestic employee" also does **NOT** include a licensed medical professional, such as a medical doctor, registered or licensed practical nurse, or similarly trained and licensed individual who performs services relating to the delivery of specialized medical care.*

If your answers to questions #8 and #9 above are both NO, please call 617-626-6970 for guidance. Your business may need to be renewed as a Placement Agency which entails completion of a different renewal application.

SECTION III

Attach the following required documents to your renewal application for licensure, depending upon whether your agency is a sole proprietorship, partnership, LP, LLP, corporation, or LLC.

SOLE PROPRIETORSHIP	PARTNERSHIP, LP, OR LLP	CORPORATION OR LLC
<input type="checkbox"/> A surety bond continuation or verification certificate for the surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate.	<input type="checkbox"/> A surety bond continuation or verification certificate for the surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate.	<input type="checkbox"/> A surety bond continuation or verification certificate for the surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate.
<input type="checkbox"/> A signed and dated CORI Request Form for the owner. Form provided.	<input type="checkbox"/> A signed and dated CORI Request Form for both partners. Form provided; make copies as needed.	<input type="checkbox"/> A signed and dated CORI Request Form for corporate president and corporate treasurer. Form provided; make copies as needed.
<input type="checkbox"/> A completed Affirmation of Compliance with Workers' Compensation Law. Form provided.	<input type="checkbox"/> A completed Affirmation of Compliance with Workers' Compensation Law. Form provided.	<input type="checkbox"/> A completed Affirmation of Compliance with Workers' Compensation Law. Form provided.
<i>This space is intentionally left blank.</i>	<input type="checkbox"/> A Certificate of Insurance from a valid Workers Compensation Policy reflecting the name and address of the business, effective and expiration dates of the policy, and coverage in Massachusetts	<input type="checkbox"/> A Certificate of Insurance from a valid Workers Compensation Policy reflecting the name and address of the business, effective and expiration dates of the policy, and coverage in Massachusetts.
<input type="checkbox"/> A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required annual application fee: \$300 if the location has one to five (1-5) placement counselors; \$550 if the location has five (5) or more placement counselors.	<input type="checkbox"/> A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required annual application fee: \$300 if the location has one to five (1-5) placement counselors; \$550 if the location has five (5) or more placement counselors.	<input type="checkbox"/> A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required annual application fee: \$300 if the location has one to five (1-5) placement counselors; \$550 if the location has five (5) or more placement counselors.
<input type="checkbox"/> If you answered YES to question #7 in Section II of this application, your business is a staffing agency. Please attach a sample job order form (or other documentation) that your agency provides to workers detailing the required information about each work assignment in accordance with M.G.L. c. 149, § 159C(b) and 454 CMR 22.08.	<input type="checkbox"/> If you answered YES to question #7 in Section II of this application, your business is a staffing agency. Please attach a sample job order form (or other documentation) that your agency provides to workers detailing the required information about each work assignment in accordance with M.G.L. c. 149, § 159C(b) and 454 CMR 22.08.	<input type="checkbox"/> If you answered YES to question #7 in Section II of this application, your business is a staffing agency. Please attach a sample job order form (or other documentation) that your agency provides to workers detailing the required information about each work assignment in accordance with M.G.L. c. 149, § 159C(b) and 454 CMR 22.08.

SECTION IV

1. License Renewal Applicants must submit the following additional documents with this completed application.

An application is not complete without the following attachments:

- ☐ A copy of the front and back of owner's (for sole proprietorships), both partners' (for partnerships), or president's and treasurer's (for corporations) valid government-issued photo identification (driver's license, passport, resident alien card, etc.).
- ☐ For Sole Proprietorships and Partnerships only: A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency will be located.
- ☐ For Corporations or LLCs only:
 - o **If agency is a corporation organized in Massachusetts and has been in existence for less than one (1) year**, provide a copy of the short form Certificate of Legal Existence, issued by the Secretary of the Commonwealth's Office.*
 - o **If agency is a corporation organized in Massachusetts in existence for more than (1) year**, provide a Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office.*
 - o **If agency is a Foreign Corporation** (a corporation transacting business in the Commonwealth of Massachusetts and organized under laws of a different state), submit a copy of the Foreign Corporation Certificate and a Certificate of Good Standing.*

*Secretary of the Commonwealth's Office: One Ashburton Place., Boston, MA 02108-1512 Phone: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm

2. Signature(s) of person(s) submitting this application

If agency is a sole proprietorship, the owner must sign
If agency is a partnership, LP, or LLP, both partners must sign
If agency is a corporation, or LLC, the President and Treasurer must sign

By signing below, I hereby certify that the following are true:

- I/We, the undersigned, do hereby certify that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A); workers' compensation insurance (M.G.L. c. 152, § 25A and 25C(6)); and classification of employees (M.G.L. c. 149, § 148B). I understand that compliance with these laws may be verified by multiple government entities and that false attestation of compliance may be considered just cause for denial of application and other penalties.
- My business will post the Massachusetts Minimum Wage and Hour Laws poster in a conspicuous place in my/our office. If I/we do not interview or otherwise interact with applicants, referrals, workers, employees, or placements in an office setting, I certify that I will provide a copy of the poster to each such applicant, referral, worker, employee, or placement.
- My business will comply with the requirements of M.G.L. c. 140, §§ 46A-46R and 454 CMR 24.00.
- If my business is a Staffing Agency (see Section II, question #6), my business will comply with M.G.L. c. 149, § 159C. My business will post the notice of rights under the Temporary Workers Right to Know Law in a conspicuous place(s) and I have attached a sample job order form (or other documentation) that my agency provides to workers detailing the required information about each work assignment in accordance with M.G.L. c. 149, § 159C(b) and 454 CMR 24.08.

I declare the above facts and supplemental documentation are true and complete to the best of my knowledge and understand that any false answer(s) will be considered just cause for denial of application or revocation of a license or registration. I understand that DLS has the right of inspection of any registered or licensed agency at any time and that information contained within this application can and will be verified using resources available to DLS. I understand that having a valid employment agency license or registration is a requirement of Massachusetts State Law. **Signed under the pains and penalties of perjury.**

Signature	Print name	Print title	Date
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Signature	Print name	Print title	Date
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**AFFIRMATION OF COMPLIANCE WITH
WORKERS' COMPENSATION LAW**

All employers in Massachusetts are required to carry workers' compensation insurance for their employees. This addendum to your application package allows employers to affirm compliance with this law. **All information provided is subject to investigation by the Department of Labor Standards and the Department of Industrial Accidents.** Pursuant to M.G.L. c. 152, §25C(6), the Department of Labor Standards (DLS) must deny the issuance or renewal of a license if the applicant is not in compliance with workers' compensation law.

Name of Business Entity: _____

Name of Owner(s): _____

Business Address: _____

City/Town

State

Zip code

Phone number: _____ Website address: _____

Check one box and take action required:

- ☐ I am an employer and the workers that my agency places, assigns, or refers are employees of my business. Complete Section A and attach a copy of your workers' compensation insurance policy declaration page.
- ☐ I have other employees, but the workers that my agency places, assigns, or refers are NOT employees of my business. Complete Section B.
- ☐ I am a sole proprietor or partnership (not a corporation); I have no employees, and the workers my agency places, assigns, or refers are not employees of my business. Complete Section B.
- ☐ My business is a corporation with no employees; the workers my agency places, assigns, or refers are not employees of my business, and my corporation has an approved Form 153 from the Department of Industrial Accidents exempting corporate officers from workers' compensation insurance coverage. Complete Section B and attach a copy of your approved Form 153.

SECTION A: WORKERS' COMPENSATION INSURANCE INFORMATION

M.G.L. c. 152, § 25C (6) reads, in relevant part, "Every state or local licensing agency shall withhold issuance or renewal of a license or permit to operate a business... for any applicant who has not produced acceptable evidence of compliance with the [workers' compensation] insurance coverage required by this chapter."

Insurance Company Name: _____

Insurance Company Address: _____

Policy Number or
Self-Insurance License Number: _____ Expiration Date: _____

Check if applicable:

- ☐ All of my employees are covered under the policy listed above, including the workers that my agency places, assigns, or refers.

I do hereby certify, under the pains and penalties of perjury, that the information provided in this section is true and correct.

Signature of business owner

Date

SECTION B: FOR THOSE BUSINESSES THAT DO NOT EMPLOY SOME OR ANY OF THE WORKERS THAT THEY PLACE, ASSIGN, OR REFER TO JOBS, WORK, OR ENGAGEMENTS

1. What type(s) of work do the people you place, assign, or refer perform? _____

 2. How are these workers paid? Cash ☐ Check ☐ Who pays these workers? _____
 3. Does your business set the workers' hours? Yes ☐ No ☐
 4. Does your business assign workers to job site(s)? Yes ☐ No ☐
 5. Does your business provide equipment or tools to workers you place, assign, or refer? Yes ☐ No ☐
 6. How do workers get to their jobs site(s)? _____
 7. Does your agency provide workers with a 1099 Tax Form for income earned? Yes ☐ No ☐
 8. Are these workers sufficiently skilled in the performance of the required job duties to be able to make decisions on their own and to work without supervision? Yes ☐ No ☐
 9. Do these workers perform their job duties at more than one job site? Yes ☐ No ☐
 10. Do these workers supervise or employ any other worker(s) at the same or any other job site? Yes ☐ No ☐
 11. What is the average duration of the job/assignment to which you place, assign, or refer a worker? _____
 12. Does your business consider the people you place, assign, or refer, to be independent contractors? Yes ☐ No ☐
 13. Does your business consider the people you place, assign, or refer to jobs, work, or engagements to be the employees of the person or business for whom they perform their work? Yes ☐* No ☐
- *If YES, is this employment relationship disclosed in writing? Yes ☐ No ☐

I do hereby certify, under the pains and penalties of perjury, that the information provided in this section is true and correct.

Signature of business owner

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

RONALD L. WALKER, II
SECRETARY

WILLIAM D. MCKINNEY
DIRECTOR

THIS FORM TO BE COMPLETED BY LICENSE APPLICANTS ONLY

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

**TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES**

Executive Office of Labor and Workforce Development is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to **Executive Office of Labor and Workforce Development** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Executive Office of Labor and Workforce Development** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Executive Office of Labor and Workforce Development** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Executive Office of Labor and Workforce Development** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

RONALD L. WALKER, II
SECRETARY

WILLIAM D. MCKINNEY
DIRECTOR

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth Place of Birth

Your Social Security Number (LAST 6 DIGITS ONLY): _XXX_ - _____ - _____

Sex: _____ Height: ___feet ___inches Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name
(Mother's Full Maiden Name = first name and last name prior to marriage (if applicable), if no marriage, her full name given at birth.)

Current and Former Addresses:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

A copy of the government issued photo ID needs to be included.

Verified by: _____ Name of Verifying Employee

Signature of Verifying Employee